

PHA 5-Year and Annual Plan 2010 TN068v01 - Final	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: <u>Smithville Housing Authority</u> PHA Code: <u>TN068</u> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>07/2010</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>182</u> Number of HCV units: <u>0</u>				
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.) Not Applicable				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1: Not Applicable				PH HCV
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The mission of the SHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. See ATTACHMENT 2				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <ul style="list-style-type: none"> Financial Resources Element: the SHA Financial Statement including PHA Operating and Capital Fund, Rental Income, Investments etc. change on an annual basis. The SHA maintains this information on file and makes it available for HUD and public review at the SHA Administration Office Fiscal Year Audit: The SHA's most recent Audit is on file at the SHA Administration Office and is available for HUD and public review. (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Smithville Housing Authority Administration Office				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable. The SHA is not proposing any of the above-listed activities.				
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.				
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. See attached form HUD-50075.1 for FY 2010 and all open CFP Grants.				

8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p>See attached form HUD-50075.2 for 5-Year CFP.</p>
8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p> <p>Not Applicable.</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>Not required for submittal per PIH Notice 2008-41.</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>Not required for submittal per PIH Notice 2008-41.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>See ATTACHMENT 3</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>See ATTACHMENT 4</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

ATTACHMENTS:

1. Resident Advisory Board (RAB) Comments:

The Smithville HA Resident Advisory Board met on March 1, 2010 to discuss the 2010 5-Year and Annual Agency Plan and the recommended improvements for the FY 2010 and 5-year CFP budgets. The residents supported the proposed plans; the following items were discussed:

- Tree trimming was requested. *HA Response: The SHA has a line item in the 5-Year budget, and also addresses this on an ongoing and needed basis.*

2. Goals and Objectives:

Goal: Expand the supply of assisted housing

Objectives:

- Reduce public housing vacancies

Goal: Improve the quality of assisted housing

Objectives:

- Renovate or modernize public housing units
- Maintain the status of a high performer

Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

- Increase the number and percentage of employed persons in assisted families

Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- Continue ongoing efforts to ensure equal opportunity and affirmatively further fair housing

Goal: Promote energy efficiency practices and products when performing rehabilitation, repair and replacement

Objectives:

- Incorporate, when applicable, Energy Star Program qualified products and practices

Goal: Support the requirements of the Violence Against Women Act (VAWA)

Objectives:

- Implement policies and procedures that support the VAWA
- Continue VAWA resident awareness efforts

3. Progress in Meeting Goals and Objectives:

Goal: Expand the supply of assisted housing

Progress:

- The SMA administration and maintenance staff continue our ongoing coordination efforts to reduce public housing vacancies and unit turn-around time.

Goal – Improve the quality of assisted housing

Progress:

- The SHA is making extra efforts to keep residents informed of policies and programs through frequent notices and meetings related to the Agency Plan process.
- The SHA is continually upgrading and modernizing its public housing units. With the administration of the Capital Fund Program, we are able to better plan and implement improvements.
- The implementation of our recent capital improvements has enabled the SHA to continue with the installation of new kitchens, windows and roofing improvements.
- The SHA continues to maintain high performer status.

Goal – Improve community quality of life and economic vitality

Progress:

- The SHA continues to promote the deconcentration of poverty or income mixing. The SHA promotes income mixing as evidenced by the most recent income analysis for our developments.
- The SHA coordinates drug and crime prevention efforts with the local law enforcement officials. Police provide on-going crime data to the SHA for analysis and action.

Goal – Promote self-sufficiency and asset development of assisted households

Progress:

- The SHA continues to promote self-sufficiency through the coordination of services and activities offered by the State of Tennessee “Families First” welfare to work program.
- The SHA also promotes adult education and GED classes.
-

Goal – Ensure equal opportunity and affirmatively further fair housing

Progress:

- The SHA continues to operate its public housing program to ensure equal access to all regardless of race, color, religion, national origin, sex, familial status and disability. Our inspections, maintenance and modernization programs are spread equally among all of our units within our only development.

4). Substantial Deviation and Significant Amendment:

a. Substantial Deviation from the 5-Year Plan

The Smithville Housing Authority will consider a “Substantial Deviation” to be a change in the Mission, Goals, and Objectives of the PHA Plans that is duly determined by the Board of Commissioners and the Resident Advisory Board to be a deviation from the latest approved PHA Plans. If the Board of Commissioners and the Resident Advisory Board consider the change(s) in the Mission, Goals, and Objectives to be substantial, in their determination, the Plans will be submitted to HUD for review and approval.

b. Significant Amendment or Modification to the Annual Plan

In addition, if there is a change in funding of greater than 20 percent of the Operating Budget and/or the Comprehensive Grant Program, this will be considered an amendment/modification to the Plans, except for emergencies that are beyond the control of the PHA. If the item/activity is included in the 5-Year Comprehensive Grant Program, it will not be considered a significant change although the cost may exceed the 20 percent threshold; therefore, not requiring HUD review and approval.

5). Challenged Elements:

The SHA does not have any challenged Elements.

6). Violence Against Women Act Policy- Smithville Housing Authority:

The Smithville Housing Authority adopted the following VAWA Policy on July 21, 2008. (See Policy on next pages)

RESOLUTION NO. 246-2008 (Adopted 07-21-2008)

RESOLUTION TO ADOPT POLICY “VIOLENCE AGAINST WOMEN ACT”

WHEREAS, The Violence Against Women and Just Department Act of 2005 (VAWA) provides protection for residents who are victims of domestic violence, dating violence or stalking from being evicted from housing based on such acts of violence against them; and

WHEREAS, a policy (copy attached) has been prepared and each resident/household has been furnished a copy of their review and comments; and

WHEREAS, after thirty (30) day waiting period and adoption of this resolution by the Board of Commissioners, the Admissions and Continued Occupancy Policy and the Dwelling Lease would be amended to include this policy; and

THEREFORE, BE IT RESOLVED by the Board of Commissioners that this resolution be approved and incorporated into the ACOP and Dwelling Lease.

BE IT FURTHER RESOLVED by the Board of Commissioners that the Dwelling Lease be prepared and executed effective October 1, 2008 (the reexamination date).

Adopted 07-21-2008

SMITHVILLE HOUSING AUTHORITY

NOTICE TO RESIDENTS AND APPLICANTS REGARDING RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT

The Violence Against Women Act of 2005 (VAWA) protects victims of domestic violence, dating violence and stalking. These changes affect all persons assisted under the Public Housing and Section 8 program.

Individuals may not be denied housing assistance, terminated from Public housing or evicted for being the victim of domestic violence, dating violence or stalking. However, the VAWA provides certain limitations and clarifications concerning your rights. In particular, you should know that nothing contained in VAWA:

1. Prevents the Housing Authority from terminating tenancy and evicting for any violation of a lease that is not based on a matter involving domestic violence, dating violence, or stalking for which VAWA provides protections as described above. However, the Smithville HA may not in such cases apply any stricter standard to you than to other tenants.
2. Prevents the PHA from terminating tenancy and evicting where the housing authority can demonstrate “an actual and imminent threat to other tenants or those employed at or providing service to the property.” Where such a threat can be demonstrated by the Smithville HA, you will not be protected from eviction by VAWA.
3. Limits the ability of the Smithville HA to comply with court orders addressing rights of access to or control of the property. This includes civil protection orders entered for the protection of the victim or relating to the distribution or possession of property.
4. Supersedes any federal, state or local law that provides greater protections than VAWA.

VAWA also creates a new authority under federal law that allows a housing authority to evict, remove, or terminate assistance to any individual tenant or lawful occupant of public housing who engages in criminal acts of physical violence against family members or others. This may be done without evicting or taking any other action adverse to other occupants.

If you believe that you qualify for protection under VAWA, please notify the PHA. You will be asked to provide proof of your situation by filling out Form HUD 50066 and/or providing a copy of an order of protection, police or court report or a signed document from a victim service provider, medical provider or attorney who has provided a service related to the violence. You must submit this information within 14 business days of the PHA’s request for it. Protections may not apply if the documentation is provided after 14 days. Form HUD 50066 will be provided at the office.

**CERTIFICATION OF DOMESTIC
VIOLENCE, DATING VIOLENCE,
OR STALKING**

**U.S. DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT
Office of Public and Indian housing**

OMB Approval No. 2577-0249
Exp (05/31/2007)

Public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by PHAs and Section 8 owners or managers to request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Purpose of Form: The Violence Against Women and Justice Department Reauthorization Act of 2005 protects qualified tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them.

Use of Form: A family member must complete and submit this certification, or the information that may be provided in lieu of the certification, within 14 business days of receiving the written request for this certification by the PHA, owner or manager. The certification or alternate documentation must be returned to the person and address specified in the written request for the certification. If the family member has not provided the requested certification or the information that may be provided in lieu of the certification by the 14th business day or any extension of the date provided by the PHA, manager and owner, none of the protections afforded to victims of domestic violence, dating violence or stalking (collectively "domestic violence") under the Section 8 or public housing programs apply.

Note that a family member may provide, in lieu of this certification (or in addition to it):

- (1) A Federal, State, tribal, territorial, or local police or court record; or
- (2) Documentation signed by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking, or the effects of abuse, in which the professional attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation.

TO BE COMPLETED BY THE VICTIM OF DOMESTIC VIOLENCE:

Date Written Request Received By Family Member: _____

Name of the Victim of Domestic Violence: _____

Name(s) of other family members listed on the lease _____

Name of the abuser: _____

Relationship to Victim: _____

Date the incident of domestic violence occurred: _____

Time: _____

Location of Incident: _____

Form HUD-5066
(11/2006)

Name of victim: _____

Description of Incident:

[INSERT TEXT LINES HERE]

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence or stalking and that the incident(s) in question are bona fide incidents of such actual or threatened abuse. I acknowledge that submission of false information relating to program eligibility is a basis for termination of assistance or eviction.

Signature _____ Executed on (Date) _____

All information provided to a PHA, owner or manager relating to the incident(s) of domestic violence, including the fact that an individual is a victim of domestic violence shall be retained in confidence by an owner and shall neither be entered into any shared database nor provided to any related entity, except to the extent that such disclosure is (i) requested or consented to by the individual in writing; (ii) required for use in an eviction proceeding or termination of assistance; or (iii) otherwise required by applicable law.

Form **HUD-5066**
(11/2006)

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: Smithville Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P06850110 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2010 FFY of Grant Approval: 2010
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	-			
2	1406 Operations (may not exceed 20% of line 21) ³	\$283,989.00			
3	1408 Management Improvements	-			
4	1410 Administration (may not exceed 10% of line 21)	-			
5	1411 Audit	-			
6	1415 Liquidated Damages	-			
7	1430 Fees and Costs	-			
8	1440 Site Acquisition	-			
9	1450 Site Improvement	-			
10	1460 Dwelling Structures	-			
11	1465.1 Dwelling Equipment—Nonexpendable	-			
12	1470 Non-dwelling Structures	-			
13	1475 Non-dwelling Equipment	-			
14	1485 Demolition	-			
15	1492 Moving to Work Demonstration	-			
16	1495.1 Relocation Costs	-			
17	1499 Development Activities ⁴	-			

¹ To be completed for the Performance and Evaluation Report

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations

⁴ RHF funds shall be included here

Part I: Summary					
PHA Name: <u>Smithville Housing Authority</u>		Grant Type and Number Capital Fund Program Grant No: <u>TN43P06830110</u> Replacement Housing Factor Grant No: _____		Federal FY of Grant: <u>2010</u> FFY OF Grant Approval: <u>2010</u>	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: _____) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____ <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	-	-	-	-
18b	5000 Collateralization or Debt Service paid Via System of Direct Payment	-	-	-	-
19	1502 Contingency (may not exceed 8% of line 20)	-	-	-	-
20	Amount of Annual Grant (sum of lines 2 – 19)	9203.950.00	-	-	-
21	Amount of line 20 Related to LBP Activities	-	-	-	-
22	Amount of line 20 Related to Section 504 Activities	-	-	-	-
23	Amount of line 20 Related to Security – Soft Costs	-	-	-	-
24	Amount of Line 20 Related to Security – Hard Costs	-	-	-	-
25	Amount of Line 20 Related to Energy Conservation Measures	-	-	-	-
Signature of Executive Director <i>Francis Johnson</i>		Date <u>04-09-2010</u>		Signature of Public Housing Director _____	
				Date _____	

[illegible]

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Program					
PHA Name: Smithville Housing Authority					Federal FY of Grant: 2010
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expended End Date	Actual Expended End Date	
PHA-Wide	09/30/12		9/30/14		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name: Smithville Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN43S06850109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: ARRA 2009 FFY of Grant Approval: ARRA 2009
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☐ Original Annual Statement
 ☐ Reserve for Disasters/ Emergencies
 ☒ Revised Annual Statement (revision no: 1)
 ☐ Final Performance and Evaluation Report

☒ Performance and Evaluation Report for Period Ending: 12/31/2009

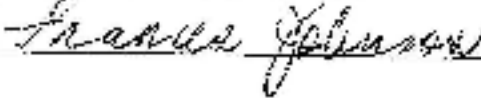
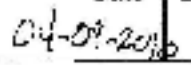
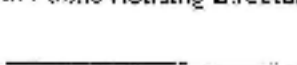
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	-	-	-	
2	1406 Operations (may not exceed 20% of line 21) ³	-	-	-	
3	1408 Management Improvements	-	-	-	
4	1410 Administration (may not exceed 10% of line 21)	-	-	-	
5	1411 Audit	-	-	-	
6	1415 Liquidated Damages	-	-	-	
7	1430 Fees and Costs	\$33,963.00	\$33,963.00	\$33,963.00	\$28,957.78
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	\$7,631.00	11,015.00	11,015.00	\$11,015.00
10	1460 Dwelling Structures	\$314,000.00	310,616.00	310,616.00	131,974.25
11	1465.1 Dwelling Equipment—Nonexpendable	-	-	-	
12	1470 Non-dwelling Structures	-	-	-	
13	1475 Non-dwelling Equipment	-	-	-	
14	1485 Demolition	-	-	-	
15	1492 Moving to Work Demonstration	-	-	-	
16	1495.1 Relocation Costs	-	-	-	
17	1499 Development Activities ⁴	-	-	-	

¹ To be completed for the Performance and Evaluation Report

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations

⁴ RHF funds shall be included here

Part I: Summary					
PHA Name: Smithville Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN40000000105 Replacement Housing Factor Grant No:		Federal FY of Grant: ARRA 2009 FFY OF Grant Approval: ARRA 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disaster/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	-	-	-	-
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	-	-	-	-
19	1502 Contingency (may not exceed 8% of line 20)	-	-	-	-
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$355,584.00	\$355,584.00	\$355,584.00	\$171,947.03
21	Amount of line 20 Related to LBI ³ Activities	-	-	-	-
22	Amount of line 20 Related to Section 504 Activities	-	-	-	-
23	Amount of line 20 Related to Security – Soft Costs	-	-	-	-
24	Amount of Line 20 Related to Security – Hard Costs	-	-	-	-
25	Amount of line 20 Related to Energy Conservation Measures	-	-	-	-
Signature of Executive Director		Date		Signature of Public Housing Director	
					
				Date	

Part II: Supporting Pages								
PHA Name: Smithville Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43S06850109 CFFP (Yes/No): Replacement Housing Factor Grant No:				Federal FFY of Grant: ARRA 2009		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended ²	
PHA-Wide	A/E Design	1430	1	\$21,450.00	\$21,450.00	\$21,450.00	\$21,450.00	Complete
PHA-Wide	A/E Inspection	1430	1	\$12,513.00	\$12,513.00	\$12,513.00	\$7,507.78	
TN068-005(2)	Install new water lines	1450	1000 LF	\$7,631.00	11,015.00	11,015.00	11,015.00	Complete
TN068-002	Kitchen cabinets, countertops, sinks, faucets, and all necessary plumbing/electrical and accessories.	1460	20 units	\$42,000.00	\$42,000.00	\$42,000.00	25,000.00	
TN068-003	Kitchen cabinets, countertops, sinks, faucets, and all necessary plumbing/electrical and accessories.	1460	12 units	\$50,400.00	\$50,400.00	\$50,400.00	15,400.00	
TN068-004	Kitchen cabinets, countertops, sinks, faucets, and all necessary plumbing/electrical accessories	1460	12 units	\$50,400.00	\$50,400.00	\$50,400.00	25,000.00	
TN068-005 (1&2)	Replace all windows	1460	34 units	\$81,200.00	\$81,200.00	\$81,200.00	30,000.00	
TN068-006	Replace roofing	1460	53 units	\$90,000.00	\$86,616.00	\$86,616.00	36,574.24	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Program					
PHA Name: Smithville Housing Authority					Federal FY of Grant: ARRA 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expended End Date	Actual Expended End Date	
TN068-002	03/18/10	02/31/2009	03/18/12		
TN068-003	03/18/10	02/31/2009	03/18/12		
TN068-004	03/18/10	02/31/2009	03/18/12		
TN068-005 (1 & 2)	03/18/10	02/31/2009	03/18/12		
TN068-006	03/18/10	02/31/2009	03/18/12		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended

Capital Fund Program – Five Year Action Plan

U.S. Department of Housing and Urban Development
OFFICE OF PUBLIC AND INDIAN HOUSING

Expires 4/30/2011

PART I: SUMMARY						
PHA Name/Number Smithville Housing Authority / TN068			Locality (City/County & State) Smithville / DeKalb Co., Tennessee		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
B.	Physical Improvements Subtotal	Annual Statement	\$250,000.00	\$250,000.00	\$250,000.00	-
C.	Management Improvements		-	-	-	\$41,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment		-	-	-	\$30,000.00
E.	ADMINISTRATION		-	-	-	600.00
F.	Other		-	-	-	-
G.	Operations		\$33,989.00	\$33,989.00	\$33,989.00	\$212,389.00
H.	Demolition		-	-	-	-
I.	Development		-	-	-	-
J.	Capital Fund Financing – Debt Service		-	-	-	-
K.	Total CFP Funds		\$283,989.00	\$283,989.00	\$283,989.00	\$283,989.00
L.	Total Non-CFP Funds		0.00	0.00	0.00	
M.	Grand Total		\$283,989.00	\$283,989.00	\$283,989.00	\$283,989.00

PART I: SUMMARY (CONTINUATION)

[illegible]

Work Statement for Year 1 FFY 2010	Work Statement for Year 2011 FFY 2011			Work Statement for Year: 2012 FFY 2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE						
ANNUAL	<u>TN068000001:</u>			<u>TN068000001:</u>		
Statement	Install thru-wall heat/air units (TN068-5 Site1 Smithville)	18 EA	\$25,000.00	Replace HVAC (TN068-2 Alexandria)	20	\$90,000.00
	Resurface and stripe parking areas (TN068-2 Alexandria)	LS	\$25,000.00	Storage buildings (TN068-2, -5 & -7)	LS	\$100,000.00
	Replace floor tiles in Community Room (TN068-5 Site1 Smithville)	LS	\$1,500.00	Kitchen renovations	LS	\$60,000.00
	Replace floor tiles (TN068-2 Alexandria)	20 DU	\$30,000.00			
	Replace floor tiles (TN068-3 Dowelltown)	12 DU	\$20,000.00			
	Replace floor tiles (TN068-4 Liberty)	12 DU	\$20,000.00			
	Replace HVAC unit in Office	1	\$4,500.00			
	Replace HVAC (TN068-1 Smithville)	30	\$124,000.00			
	Subtotal of Estimated Cost		\$250,000.00			\$250,000.00

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2010	Work Statement for Year 2013 FFY 2013			Work Statement for Year: 2014 FFY 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE						
ANNUAL	<u>TN068000001:</u>			<u>TN068000001:</u>		
Statement	Kitchen Renovations	LS	\$50,000.00	No listed physical improvements	NA	\$0.00
	Bathroom Renovations	LS	\$20,000.00			
	Electrical Renovations (lighting, receptacles, wiring, smoke/carbon monoxide detectors, service/panel improvements, misc.)	LS	\$10,000.00			
	Plumbing	LS	\$10,000.00			
	Interior Doors/hardware	LS	\$3,000.00			
	Exterior Doors/hardware	LS	\$5,000.00			
	Interior Finishes (flooring, sheetrock, painting, trim)	LS	\$10,000.00			
	Windows	LS	\$20,000.00			
	Roofing	LS	\$10,000.00			
	Office Improvements	LS	\$5,000.00			
	Site Improvements-Sidewalks / Tree Trimming / Parking / Landscaping/Water & Sewer Lines	LS	\$20,000.00			
	Non-dwelling structures	LS	\$2,000.00			
	Water heaters	LS	\$5,000.00			
	HVAC	LS	\$20,000.00			
	Refrigerators and Ranges	LS	\$5,000.00			
	Termite Control and improvements	LS	\$15,000.00			
	Building exterior improvements	LS	\$20,000.00			
	Storage buildings	LS	\$20,000.00			
	Subtotal of Estimated Cost		\$250,000.00	Subtotal of Estimated Cost		\$0.00

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY 2010	Work Statement for Year 2011 FFY 2011		Work Statement for Year: 2012 FFY 2012	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
SEE				
ANNUAL	TN068000001:		TN068000001:	
Statement	Operations	\$33,989.00	Operations	\$33,989.00
	Subtotal of Estimated Cost	\$33,989.00	Subtotal of Estimated Cost	\$33,989.00

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY 2010	Work Statement for Year 2013 FFY 2013		Work Statement for Year: 2014 FFY 2014	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
SEE				
ANNUAL	<u>TN068000001:</u>		<u>TN068000001:</u>	
Statement	Operations	\$33,989.00	Operations	212,389.00
			Design and Inspection Services, Planning & Agency Plan, Flat Rent Study, Policies, Environmental Review, Utility Allowances and Energy Audit, Physical Needs Analysis, Materials Testing and Technical Services	40,000.00
			Administration - Advertising	600.00
			Non-dwelling equipment - Maintenance vehicle, tools, computer/software, copy machine, other office equipment, lawn mower, etc.	30,000.00
			Relocation expenses	1,000.00
	Subtotal of Estimated Cost	\$33,989.00		\$283,989.00